SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  S. 28/12
1. Article Addressed to:  TSCA-07-200-0013  Ford Warehouses Corporation	D. Is delivery address different from Item 1? Pes If YES, enter delivery address below:   No
Brad Hallak, President 1025 Winchester Avenue Kansas City, Missouri 64126	3. Service Type  Certified Mail  Registered Insured Mail  C.O.D.
_	4. Restricted Delivery? (Extra Fee)
2. Article Nur 7006 2760 0000 8646 3470	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540